AO 435 (Rev. 04/11)

Administrative Office of the United States Courts

TRANSCRIPT ORDER

Please Read Instructions:

FOR COURT USE ONLY

DUE DATE:

1. NAME	2. PHONE NUMBER	3. DATE
Sergio Criado	(787) 273-8300	8/22/2017

4. MAILING ADDRESS	5. CITY	6. STATE	7. ZIP CODE
Centro Internacional de Mercadeo II 90 Car. 165 Suite 407	Guaynabo	PR	00968

8. CASE NUMBER	9. JUDGE	DATES OF PROCEEDINGS	
		10. FROM	11. TO
17-03283	Judith G. Dein	8/22/2017	8/22/2017

12. CASE NAME	LOCATION OF PROCEEDINGS	
	13. CITY	14. STATE
Financial Oversight & Management Board of Puerto Rico	Boston	Massachussetts

15. ORDER FOR

- ☐ APPEAL
- ☐ CRIMINAL
- ☐ CRIMINAL JUSTICE ACT
- ☐ BANKRUPTCY
- ☐ NON-APPEAL
- ☒ CIVIL
- ☐ IN FORMA PAUPERIS
- ☐ OTHER

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
☐ VOIR DIRE		☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDING (Spcy)	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☒ OTHER (Specify)	
☐ SENTENCING		Entire transcript 8/22/17	8/22/2017 (full day transcript)
☐ BAIL HEARING		(Entire Hearing Transcript)	

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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HOURLY	☐	☐	NO. OF COPIES		
REALTIME	☐	☐			

CERTIFICATION (18. & 19.)
By signing below, I certify that I will pay all charges (deposit plus additional).

18. SIGNATURE	ESTIMATE TOTAL	0.00
19. DATE 8/22/2017	PROCESSED BY	
	PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS	

	DATE	BY		
ORDER RECEIVED				
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

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